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00151 7590 09/10/2004

**HOFFMANN-LA ROCHE INC.
PATENT LAW DEPARTMENT
340 KINGSLAND STREET
NUTLEY, NJ 07110**

12/07/2004 SDENB0B2 00000048 082525 10092751

01 FC:1501 1370.00 DA
02 FC:1504 300.00 DA

03 FC:8001 APPLICATION 10.00 DA FILING DATE

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SAMUEL H. MEGERDITCHIAN

(Depositor's name)

Samuel H. Megerditchian

(Signature)

DECEMBER 3, 2004

(Date)

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/092,751

03/07/2002

Paul Hebeisen

20858

1027

TITLE OF INVENTION: PIPERAZINE DERIVATIVES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330 <i>\$1370</i>	\$300	\$1630 <i>\$1670</i>	12/10/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			

BERNHARDT, EMILY B

1624

514-250000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 GEORGE W. JOHNSTON

2 DENNIS P. TRAMALONI

3 SAMUEL H. MEGERDITCHIAN

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type):

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HOFFMANN-LA ROCHE INC.
VERNALIS RESEARCH LIMITED

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NUTLEY, NEW JERSEY, USA
WINNERSH, WORKINGHAM, ENGLAND

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-2525 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date DECEMBER 3, 2004

Typed or printed name SAMUEL H. MEGERDITCHIAN

Registration No. 45,678

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